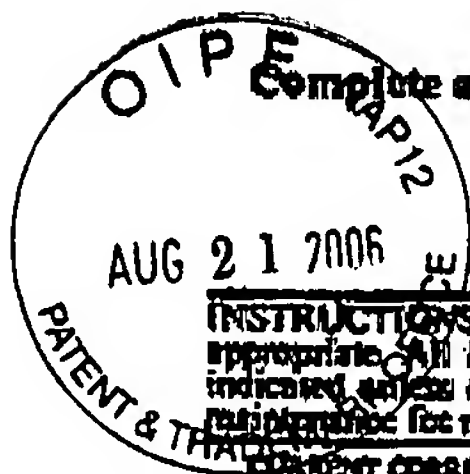


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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33048 7590 08/14/2006

**SABINSA CORPORATION**  
**70 ETHEL ROAD WEST**  
**UNIT 6**  
**PISCATAWAY, NJ 08854**

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

**NANCY G. McMAHON** (Depositor's name)  
**Nancy G. McMahon** (Signature)  
**AUGUST 21, 2006** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/709,726	05/25/2004	Muhammed Majed		3725

**TITLE OF INVENTION:** [COMPOSITIONS AND METHODS CONTAINING NATURAL COMPOUNDS FROM NONCONVENTIONAL SOURCES THAT ARE USEFUL IN MAINTAINING NORMAL BLOOD SUGAR LEVELS]

08/21/2006 CHNGUYEN1 00000112 10709726

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/14/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCCORMICK EWOLDT, SUSAN BETH	1661	424-773000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication Form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sami Labs Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bangalore, India

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claiming SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

**NOTE:** The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Muhammed Majed

Date August 21 2006

Typed or printed name Dr. Muhammed Majed

Registration No. \_\_\_\_\_

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